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# CALIFORNIA STATE BOARD OF HEALTH

## Weekly

## Bulletin

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GUY P. JONES  
EDITOR

### THE INSPECTION OF FOOD ESTABLISHMENTS.\*

By M. E. JAFFA, M.S., Director Bureau of Foods and Drugs.

It is a matter of congratulation today to be able to state that very little, if any, of the forbidden preservatives are to be found in foods which are now sold at grocery stores, and such a condition has been brought about by the energetic and active work, mostly cooperative, between the United States Department of Agriculture, Bureau of Chemistry, and the different state departments. The detection of the prohibited preservatives is so simple, chemically speaking, and the punishment by courts so severe, to say nothing of the undesirable publicity given the offender, that the market is practically cleared of such adulteration. But it should be borne in mind that while the market is clean of such adulteration that if the rigid inspection were lessened, the old condition of affairs, as found twenty years ago, would be in operation in a very short time.

The inspection of a meat market is about equally divided between sanitary inspection and meat inspection. Again, it may be said with respect to the inspection of meat markets, that owing to the cooperative work just referred to there are not found many violations of the law with the exception of perhaps the adulteration of chopped meat or sausage meat with sulfurous acid compounds. As is well known, the object of this is to enable the butcher to grind up old trimmings, meat which is more than passé,

with this sulfurous acid compound, and make a beautiful red appearing dish of meat, minus any putrefactive or decomposition odor. It is very encouraging, however, to note that only a few of these cases are now reported, as compared to the similar condition some years ago.

One of the violations of the law which is found quite often, is a commercial matter rather than a health matter, is adulteration of sausage by cereals. Naturally, cereal is cheaper than meat. The more cereal the cheaper will be the "sausage meat" made up. The law allows a certain amount of cereal to be used in sausage meat as a "binder," but when such is used the law requires that the consumer shall be so informed. To make it simpler for all parties concerned, the State Board of Health has agreed to have a card in the butchershop prominently displayed, properly worded, so that the consumer may know that the sausage made or sold at that butcher shop contains cereal.

In all large centers the retail butchers purchase their meats from a federally inspected establishment, thus insuring to the consumer a safe meat.

Milk depots today are conducted in such a manner that there is very little work for the food inspector, as such, to do, in that the adulteration of milk is rarely practiced, but at the same time, constant inspection is necessary in order that the richness of the milk be maintained in accordance with the require-

\*Continued from Weekly Bulletin of October 30, 1926.



ments of the milk law, and due to the cooperation between the State Department of Agriculture, which is charged with the enforcement of the milk law of the state, and the large creameries and the milk delivery depots, the milk sold to the consumer in California is of a very high quality chemically and bacteriologically. There are, however, one or two points that are worthy of consideration and which have been the subject of discussion among many seriously interested in this matter. One phase is the "capping" of bottles delivered by the milk driver to the consumer. In the case of certified milk the matter is well taken care of in that the law requires that there shall be an outside cap properly fastened to the bottle, and therefore when this bottle is handled by the driver any contamination will be in connection with this outside cap and when this is removed a clean bottle "mouth" is presented for use.

This is not so in the case of the ordinary milk which is delivered to the household or other establishment. It is a well-known fact, in spite of the introduction of the automobile, there are a very large number of delivery men in the milk business who drive teams and not automobiles, and in such cases the handling of the bottles with the bare hands is not in all cases a desirable practice, in that the neck of the bottle may become more or less contaminated, and in very few cases is this bottle treated in any way before the contents are used. It is easily understood that if dirty hands deliver the bottle, such dirty hands touch the bottle, just at the point where the milk comes in contact with it, when being poured from the bottle. It has, therefore, been suggested that there be a law passed requiring all milk bottles to be capped in a manner similar to that required for certified milk. This is a matter for serious discussion. It may be that such a regulation would cause too great an expense to the consumer. It may be that other means could be found to eliminate the undesirable condition just referred to.

The inspection of the bakery is again mainly a sanitary one, and above all a medical one. There is very little required of the food inspector, as such, in connection with the inspection of a bakery shop. True, there is some, but it occupies a very subordinate place. It is not necessary before an audience like this again to go into detail concerning the inspection of the different retail food establishments. Enough has been said to indicate what should be done and what is the most important phase of the work.

There is, however, another phase of

food inspection which is not conducted to the extent it should be, because here again "What is everybody's business is nobody's business." I refer to the thorough, comprehensive and what might be termed dietetic food inspection of state institutions which receive state aid, and where thousands and thousands of patients are vitally concerned. In accordance with the last statement from the Department of Institutions, issued July 3, 1926, there are now on the rolls 26,976 wards of the state, of which 21,294 are in the institutions and 4374 on parole. By far the larger number of these patients are found in the state hospitals for the mentally disturbed; in olden times called insane asylums. These number 12,712 in the institutions, with 1195 on parole. This large number of patients are to be fed. The question is, are they fed properly? This is not a question for discussion here. If it were, nothing else would be talked about for the whole evening, but it is necessary in my opinion that a periodical inspection should be made of every one of the commissary departments of these institutions, and, although I may be mistaken, I do not think that such inspections are now being made. The inspection of such a food establishment because it is a food establishment, should consist of the inspection of:

1. Raw food materials.
2. The cooking of said materials or combinations thereof.
3. Serving of the cooked food in the different wards of the several state hospitals for the mentally disturbed and other state institutions where are housed the blind and deaf, and the young boys in the Whittier School and Preston School of Industry.

With reference to the first item—the raw materials—it can be safely said that owing to the efficient cooperative work between the State Purchasing Department and the Bureau of Foods and Drugs, that the raw materials supplied to the state institutions are a high grade, and with very few exceptions the deliveries are fully up to the bid samples on which the awards are made. But it is realized that the best raw materials or combinations thereof can be spoiled by poor cooking, and again, the efforts spent in providing good raw material and properly preparing the same may be wasted by improper or poor service in the dining room. In some institutions all three inspections are taken care of and the patients receive the best possible under the existing financial condition of the respective institution. That does not mean, however, that they are getting the best



diet. Again, on the other hand, there are institutions where not enough time is spent in providing for the patients a varied diet consistent even with the limited supplies at command of those who make out the menus and supervise the cooking. For instance, there is one state institution which serves to its employees "beefsteak and gravy" six times a week, and one can imagine that in the serving of two or three hundred people the steak will not be uniformly tender, and furthermore, the steaks are generally cooked some time before serving. Such conditions can only be bettered by periodical inspection covering the points above very briefly referred to.

It may be that so much has been said on the subject of inspection that one has become surfeited and will not care to listen to any further discussion on the subject. Still, a few words with reference to the inspectors may not be out of place.

In brief, from the foregoing it will be noticed that the inspector is expected to inspect the respective establishment in a thorough and comprehensive manner—that is what we expect of him. The question is, then, are all inspectors fitted to successfully conduct such pieces of work? Because to do so a man must possess, among other qualifications, a good personality, tact, diplomacy, courtesy, strength of character, thoroughness, honesty, initiative and a vast amount of knowledge. It is a somewhat difficult matter, therefore, to obtain, even by civil service examinations, many men possessing these qualifications, at the salaries offered.

(Continued in next issue.)



Sanitation is not yet complete. All water and milk supplies are not yet perfect. All habitations are not yet adequately equipped and sewered. Epidemics still occur that might be prevented with the dissemination of existing knowledge. Only a small percentage of our school children and an even smaller percentage of our pre-school children is as yet immunized against diphtheria, and will not be until the parents are convinced by education, that this is a wise procedure.

The necessity for an historical perspective and for a well rounded health educational program, both in scope and emphasis, is obvious—Donald B. Armstrong, M.D.



#### MORBIDITY.\*

##### Diphtheria.

150 cases of diphtheria have been reported, as follows: Alameda 1, Berkeley 1, Oakland 2, Butte County 1, Colusa 2, Pittsburg 2, Fresno County 2, Fresno 2, Glenn County 1, Humboldt County 2, Las-

sen County 1, Los Angeles County 16, Covina 1, El Monte 3, Glendale 1, Long Beach 2, Los Angeles 40, Pomona 2, Redondo 1, Merced County 1, Calistoga 1, Orange County 7, Santa Ana 2, Sacramento 3, San Bernardino County 1, Colton 1, Redlands 1, San Bernardino 3, Upland 7, San Diego 3, San Francisco 11, Stockton 3, Santa Clara County 3, San Jose 1, Yreka 5, Healdsburg 2, Stanislaus County 1, Modesto 1, Sutter County 2, Yuba City 1, Fillmore 7.

##### Measles.

584 cases of measles have been reported, as follows: Alameda County 7, Alameda 24, Albany 2, Berkeley 22, Oakland 215, Piedmont 5, Richmond 4, Fresno County 2, Los Angeles County 2, Alhambra 2, Los Angeles 5, Monterey County 25, Carmel 6, Salinas 10, Orange County 14, Fullerton 1, Sacramento 10, Redlands 2, San Bernardino 16, San Diego 1, San Francisco 84, Stockton 32, San Joaquin County 21, Tracy 6, Redwood City 1, Santa Clara County 3, Los Gatos 1, Palo Alto 22, San Jose 36, Rio Vista 1, Corning 2.

##### Scarlet Fever.

207 cases of scarlet fever have been reported, as follows: Berkeley 1, Oakland 6, Butte County 6, Richmond 21, Fresno County 1, Kern County 4, Lassen County 1, Los Angeles County 9, Avalon 1, Beverly Hills 2, Glendale 7, Long Beach 11, Los Angeles 37, Monrovia 1, Pasadena 1, Whittier 1, Hawthorne 1, West Covina 2, South Gate 2, Monterey Park 2, Monterey County 2, Pacific Grove 2, Orange County 4, Anaheim 4, Fullerton 2, Huntington Beach 1, Corona 1, Sacramento 4, Ontario 2, Redlands 2, San Bernardino 1, Upland 1, Barstow 1, San Diego County 2, National City 1, San Diego 10, San Francisco 12, San Joaquin County 1, Stockton 4, Tracy 3, San Luis Obispo County 1, Paso Robles 8, Redwood City 1, Santa Barbara County 4, Santa Clara County 2, San Jose 5, Santa Clara 1, Sunnyvale 3, Stanislaus County 3, Tulare County 2.

##### Smallpox.

14 cases of smallpox have been reported, as follows: Oakland 1, Lake County 7, Roseville 1, San Joaquin County 1, Stockton 1, Santa Barbara County 1, Dorris 1, Stanislaus County 1.

##### Typhoid Fever.

18 cases of typhoid fever have been reported, as follows: Oakland 2, Fresno County 2, Fortuna 1, Kern County 1, Los Angeles County 1, Los Angeles 1, South Gate 1, Merced County 1, Colton 1, San Diego County 1, San Francisco 2, California 4.

##### Whooping Cough.

46 cases of whooping cough have been reported, as follows: Alameda 1, Berkeley 5, Oakland 7, Eureka 2, Los Angeles County 4, Long Beach 1, Los Angeles 4, Pasadena 4, San Diego 1, San Francisco 15, Visalia 2.

##### Meningitis (Epidemic).

5 cases of epidemic meningitis have been reported, as follows: Los Angeles 1, Sacramento 1, San Joaquin County 3.

##### Poliomyelitis.

One case of poliomyelitis has been reported, from Los Angeles.

##### Encephalitis (Epidemic).

Two cases of epidemic encephalitis have been reported, from San Francisco.

##### Jaundice (Epidemic).

Four cases of epidemic jaundice have been reported: La Mesa 1, Oceanside 3.

\*From reports received on November 1, 2, and 3, for the week ending October 30th.



## COMMUNICABLE DISEASE REPORTS.

Disease	1926				1925			
	Week ending			Reports for week ending Oct. 30 received by Nov. 3	Week ending			Reports for week ending Oct. 31 received by Nov. 3
	Oct. 9	Oct. 16	Oct. 23		Oct. 10	Oct. 17	Oct. 24	
Anthrax	0	0	0	0	0	0	1	1
Botulism	0	0	0	0	0	0	0	1
Chickenpox	106	126	160	164	94	78	145	122
Diphtheria	140	117	120	150	92	117	104	108
Dysentery (Bacillary)	1	2	0	0	9	1	0	0
Encephalitis (Epidemic)	0	3	1	2	1	1	3	2
Gonorrhoea	104	101	81	104	99	76	66	135
Influenza	18	15	26	21	14	10	17	14
Jaundice (Epidemic)	0	0	5	4	1	0	0	0
Leprosy	2	0	1	0	2	1	0	0
Malaria	3	1	4	2	1	4	1	2
Measles	367	451	549	584	15	13	25	12
Meningitis (Epidemic)	2	3	2	5	1	1	3	0
Mumps	101	129	136	103	101	118	144	118
Paratyphoid Fever	0	0	2	1	1	0	0	0
Pneumonia (Lobar)	27	73	36	43	54	31	38	33
Poliomyelitis	3	3	6	1	17	16	11	4
Rabies (Animal)	9	10	13	8	2	3	5	8
Rabies (Human)	0	0	0	0	0	0	1	0
Rocky Mt. Spotted Fever	0	0	0	0	0	0	0	0
Scarlet Fever	132	166	200	207	83	94	98	70
Smallpox	19	19	11	14	19	25	37	30
Syphilis	152	109	97	134	127	118	121	137
Tetanus	0	0	0	3	4	2	1	1
Trachoma	2	3	1	4	2	3	2	3
Trichinosis	0	0	0	0	1	0	0	0
Tuberculosis	192	124	200	177	289	167	167	156
Typhoid Fever	14	23	16	18	7	18	15	12
Typhus Fever	0	1	0	0	0	0	0	0
Whooping Cough	48	54	66	46	100	73	52	48
Totals	1442	1533	1733	1795	1136	970	1057	1017

## COMMUNICABLE DISEASES BY AGE GROUPS, SEPTEMBER, 1926.

Disease	1	1-4	5-9	10-14	15-19	20-24	25-34	35-44	45-54	55	Adult
Anthrax											
Chickenpox	3	55	160	40	5	1	3				4
Diphtheria	7	120	186	56	16	18	43	22	3	1	4
Dysentery (Bacillary)	2	3	1				2				
Encephalitis (Epidemic)				1	1		1	3		2	
Erysipelas		4	2	1		2	1	7	4	5	
German Measles		5	6	4	1						1
Gonococcus Infection	1	10	15	6	66	172	203	53	16	5	7
Jaundice (Epidemic)											
Leprosy								2			
Malaria	1	2	1	1		1	4				3
Measles	31	246	806	113	19	10	7	2	3		6
Meningitis (Epidemic)	1	4	2		1	1	1	1			
Mumps		42	178	110	22	8	17	19	3		9
Ophthalmia Neonatorum	2									1	
Paratyphoid Fever			1	1		2		1	1	1	
Pellagra							1	1			
Pneumonia (Lobar)	6	10	8	7	4	4	11	11	16	35	3
Poliomyelitis	4	16	5	1	6		3				
Scarlet Fever		90	187	70	24	18	15	7	1	2	3
Smallpox		2	11	4	2	2	5	2	4	1	
Syphilis	7	5	11	8	35	106	201	154	54	41	6
Tetanus		1	2	2	2				1		
Trachoma	1	5	10	7	1	1	1				
Tuberculosis	2	18	15	25	62	94	172	116	62	49	14
Typhoid Fever		5	16	13	14	12	24	21	6	2	1
Whooping Cough	29	116	102	14		1	1	1		2	

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